

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2004 JUL 14 PM 4:08

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA

Division/Unit: TB Control

1. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)



Types of work performed by GENERAL VOLUNTEERS in this category:

Enter data, edit reports, collect information as part of the referral process



- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)



Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:



- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
					<u>\$0.00</u>
					<u>\$0.00</u>



0000175

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>1</u>	<u>575</u>	<u>\$9,884.25</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: Books and small toys Value: \$400.00

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 23 X Rate \$26.00

- b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours X Rate

c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =



d. TOTAL OF PROGRAM COST (4a+4b+4c) =



ii. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a Total Dollar Benefits of Volunteers, Item 2d **\$9,884.25**

b. Total of Donations to Volunteer Program, Item 3 **\$400.00**

c. Subtract Total of program Costs, Item 4d **\$598.00**

TOTAL PROGRAM BENEFIT:

\$9,686.25

0000177

6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

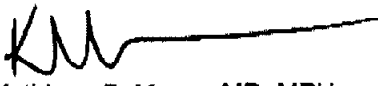
Name of person completing report: Donna Banks

Phone: 619-692-8621 Mail Stop: P511D E-Mail: donna.banks@sdcounty.ca.gov

Volunteer Coordinator: Donna Banks

Phone: 619-692-8621 Mail Stop: P511D E-Mail: donna.banks@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**


Kathleen S. Moser, MD, MPH
DEPARTMENT HEAD SIGNATURE

June 10, 2004
DATE

0000178